| 41 | should state | UPA. |
|----|--|----------------------------|
| 1/ | Jo Pl | 31 |
| | E 0 | 0 |
| 1 | iten | of |
| | ECALD. Every item of infor- PHYSICIANS should state | Exact statement of OCCUPA- |
| | D.S. | tat |
| | | 00 |
| | EC. P. | xact |

FOR BINDING

MARGIN RESERVED

V. S. No. 1

stated EXACTLY. VITH UNFADING INK-THIS IS A PERMANEN' properly classified. See instructions on back of certificate. be AGE should be CAUSE, OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLA

| 1. PLACE OF DEATH | |
|---|------------------|
| County A Call Registration Dist. No. | 290 |
| Village or City hera L ca be Parrieau lunapoles Louis in a litera | TO AND W. |
| (If death occurred in a hospital or institution, give its NAME instead of street a | nd number) |
| Length of residence In city or town where death occurredyrsds. How long in U.S. If of foreign birth?yrs | |
| 2. FULL NAME Joseph Frances Bell If U. S. Veteran, specify WAR | |
| (a) Residence: No. 1745 Harvard ave St., Ward. | 1/ |
| Scorpsvale Penne (Usual place of abode) If nonresident give city or town | and State |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | Leading |
| Male 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word) Male White 5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word) (Month) (Day) | |
| 5a. If married, widowed, or divorcad | |
| (or) WIFE of Wary Shoupson 13ell 22. I HEREBY CERTIFY, That I attand | ed daceased from |
| fid not see the ale | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at | ; death Is said |
| 7. AGE Years Months Days If LESS than to have occurred on the data stated above, atm. 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| 8. Trade, profession, or particular were as follows: | Date of onset |
| S kind of work done, as SPINNER, for late Clerk | |
| S Industry or businass In which | 2 7-5-3 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date decaased last worked at this occupation (month and , 937 spant in this / UR | |
| o this occupation (month and 937 spant in this occupation Dther Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) Braddock | |
| (Stata or country) ferria | |
| 13. NAME Joseph Dell | |
| 13. NAME Joseph Dell 14. BIRTHPLACE (city or town) Ireland Name of operation Date of | |
| (State of country) What test confirmed diagnosis? Was there: | n autopsy? 2 |
| 15. MAIDEN NAME Margares Suffer 23. If death was due to external causes (VIOLENCE) fill in also the follow | /Ing: |
| 15. MAIDEN NAME Margaret Streffine 23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide accident Date of Injury. | 5- 19.3.7 |
| Whera did injury occur? | Ennafol |
| 17. INFORMANT W. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC (Address) 1908 Lakelouk d. Williamsburg | PLACE. |
| 18. BURIAL GREMATION, OR REMOVAL O 91 Remove Manner of Injury Fall of Lich | Cont |
| Place | |
| 19. UNDERTAKER Joseph Meid 24. Was disease or injury In any way related to occupation of deceased? | -3-1 |
| (Address) Swissfall fema. If so, specify | |
| Q Q 24 7) f Me 101 (Signed) | M. D. |
| 20, FILED | d |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis QGT 8 1037 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Date of onset

-24-3

BINDING

FOR

RESERVED

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|--|---------------|--|---------------|
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| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis ** ** | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | grande man | |

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BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| Example I | | Example II | | | |
|---|---------------|--|---------------|--|--|
| The principal cause of death and related e of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis BECEIVE | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage OCT 6 1931 | July 5,1927 | Peritonitis | 3 days ago | | |
| BUREAU V. | S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | • | | | |
| | | | | | |

| ADDITIONAL : | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|----------------|------------|----|-----------|
|--------------|-------|-----|----------------|------------|----|-----------|

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND—C | ERTIFICATE OF DEATH 10155 |
|--|--|
| 1. PLACE OF DEATH, | (80) |
| County Jalkot | Registration Dist. No. 290 |
| Village or City Caslow | No. St., Ward |
| | eath occurred in a horpital or institution, give its NAME instead of street and number) |
| Residence in city to lowin where death occurred 1 - yrs | |
| 2. FULL NAME Warrie 11. Hauf | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| OR DIVORCED (write the word) | 21. DATE OF DEATH Supt 28 1937 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of Covin Careker 2 | 2. / I HEREBY CERTIFY That I attended deceased from |
| 2 2011 1079 | Xepf. 24 , 1937 , 10 Dept. 25 , 1937 |
| 6. DATE OF BIRTH (month, day, and year) FLEE TO BAYS If LESS than | to have occurred on the date stated above, at |
| 6 2 1 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8. Tide, profession, or particular | were es follows: Parene chismateria Date of onsat |
| kind of work done, as SPINNER, Housewefe | The planted 9/23/3> |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occurretion (month and | |
| SAW MILL, BANK, etc | |
| this occupation (month and spent in this occupation ———————————————————————————————————— | 3 : |
| Glacies | Other Contributory Causes of Importence: |
| 12. BIRTHPLACE (city or town) (State or country) | Expresule to med thes |
| # 13. NAME Samuel Dawking | |
| 13. NAME Salling Dawfering 14. BIRTHPLACE (city or town) | Name of operation |
| (State or country) Novellester to Us | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Usia Bruau 2 | 23. If death wes due to external causes (VIDLENCE) fill in also the following: |
| o 16. BIRTHPLACE (city or town) Correspond | Agaident, suicide, or homicide? Date of injury19 |
| (State or county) Doublester ev lie | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 17. INFORMANT Lever Churgely (Address) Restore Filed | (Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMASION, OR REMOVAL | Manner of Injury |
| Place Major 2004 Date Cel 17, 1927 | Nature of injury |
| 19. UNDERTAKER JOHN DURCH THE CANADA CANDERS OF THE CONTROL OF THE CANDER OF THE CANDE | 24. Wes disease or injury in any way related to occupation of deceased? 224. |
| 20. FILED. 4/29 , 1937 1/ St. Merce. Registrar. | (Signed) Jafrand J. J. M. D. (Address) Easter |
| If more blanks are needed, address State Registrar, 24 | 11 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows:-1915 Attack of epilepsy 1 week ago Arteriosclerosis Chronic interstitial nephrilis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

| ADDITIONAL SPACE FOR F | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------|---------|------------|----|-----------|
|------------------------|---------|------------|----|-----------|

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

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| Example I | il | Example II | | | |
|--|---------------|--|---------------------------|--|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage 1 UCK 65 1937 | July 5 1927 | Peritonitis | 3 days ago | | |
| BUREAU V. | \$. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|----------------|------------|----|-----------|
|------------|-------|-----|----------------|------------|----|-----------|

BINDING

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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| DEALL V. S. | | | | | |
| Other contributory causes of importance | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | | | | |

| ADDITIONAL SPACE F | FOR FURTHER S | STATEMENTS | BY | PHYSICIAN |
|--------------------|---------------|------------|----|-----------|
|--------------------|---------------|------------|----|-----------|

STATE OF MARYLAND—CERTIFICATE OF DEATH

| County | City Frank | 0.1.0 | A. | No | | Noglotiation | Dist. No. 747 | |
|--|--|------------------------------|---|--------------|------------------------|---------------------|----------------------------|--------------|
| Village o | City | L FW YOUR | | | | | 1E instead of street and r | |
| Length of | asidence in city or town w | here death occurred | yrsmo | s. 2 W60 | How long in U.S. if | of foreign birth? | yrsmo | os |
| 2. FULL N | AME Man | tiller Ce | Mars | | | | | |
| (a) Resid | ence: No. | | // | St., | Ward. | | | |
| (4) 110311 | | (Usual place | of abode) | | | If nonresider | at give city or town and | State |
| PERSO | NAL AND STAT | ISTICAL PART | ICULARS | | MEDICAL (| CERTIFICAT | E OF DEATH | |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MAR OR DIVORCE | RRIED, WIDOWED, ED (runite the word) | 21. DAT | E OF DEATH | Sept. | (Day) | , 193. (Y |
| 5a. If married, wi HUSBAND o (or) WIFE o | lowad, or divorcad | | 0 | 22. | | | Y. That I ettended | |
| C DATE OF BID | H (month, day, and year) | Solt no | 30 1937 | l last saw h | allya on | | | |
| 7. AGE | Yaars Monti | ns Days | If LESS than | - | curred on the date sta | ,/ | 1 | |
| | V | W | 1 day,hrs. | H | IPAL CAUSE OF DEA | | | |
| _ 8. Trade, pr | ofession, or particular | | ormin. | were as for | HOWS: | | | Date |
| 6 kind | f work dona, as SPINNEL ER, BODKKEEPER, atc | 3, 9 | | | A 10 | , = | | |
| ≪ IN 9. Industry | or businass in which | un | | | coffee | Mea | Sept | レン |
| | was done, as SILK MILL, MILL, BANK, atc | | | - | V | | V | |
| O this o | eased last worked at ccupation (month and | 11. Total | tima (years) ent in this upation | | | | | - |
| year) | ۹ | A.A 1. | upation | Other Cont | tributory Canses of im | portance: | | |
| 12. BIRTHPLACE | | The muse | w/g | | | | | |
| (State or | ountly) | O Such | 00 | | | | | |
| 13. NAME 14. BIRTHPL | James! | worken . | | | | | | - |
| | CE (city or town) | 6 | | | | | Date of | |
| r (31a) | or country) | Cost B. | 11 | | | | Wes thera an a | |
| 15. MAIDEN | NAME OFFICE | weeky do | Mac | | | | fill in also the following | • |
| | ACE (city or town) | 211 | , , | - | | | _ Date of injury | , |
| - (Stat | or country) | a dela | | | injury occur? | (Specify city | or town, county and Stal | le) |
| 17. INFORMANT (Address) | May | State 1 | | Specify wh | ether Injury occurrad | in INDUSTRY, in I | HOME, or In PUBLIC PL | ACE. |
| 7, | ATION, OF REMOVAL | 0 | 1-41 20 | Manner of | Injury | | | |
| Place. | con annu | Dete Dete | 74,19 | Nature of I | Injury | | | |
| 19. UNDERTAKER | House (| Darfiero | | 24. Wes dise | ease or injury in eny | way related to occu | upation of deceased?2 | 4 |
| (Address) | | 1/10/12 | (N) | If so, spaci | ify | D. P. | | |
| 20. FILED. | 124,1937 | melato | 20 | (Signe | ed) | yon | 70 C | |
| ZV. FILEDSW.I | 13V-4-1 | | Registrar. | - | (Address) | () Fre | Me wo | - |

7. S. No. 1

MARGIN RESERVED FOR BINDING

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH |
|--|--|
| County Talbot. | Registration Diet No. 290 |
| Village or City Planton. | () to |
| (If | death occurred in a horpital of institution, give its NAME instead of street and number) |
| or rasidenca in city or town whera daath occurredyrsmos | Wags. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME have when | 3 MM If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual blace of abode) | St., Ward. C.C. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If married, widowad, or divorced HUSBAND of | (Month) (Day) (Yaan) |
| (or) WIFE of | 22. HEREBY CERTIFY That Vattended decaasad from |
| 6. DATE OF BIRTH (month, day, and year) W. 77 - 156 | i iast sew h |
| 7. AGE Years Months Days if LESS than | to have occurred on the date stated above, at3am. |
| 5 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: |
| 8 Trada profession or particular | Fracture of Stall Date of onset |
| SAWYER, BOOKKEEPER, etc | Coursed by an autombile accidente 91237 |
| kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and | Collisted with situes. |
| | Assocition: four hours. CWS.R. |
| year) occupation occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| III. NAME WILL OUW | |
| 14. BIRTHPLACE (city or town) 4 Co thole | Name of operation |
| C (State of country) | What test confirmed diegnosis? Was there an autopsy? |
| 15. MAIDEN NAME CHEMORE THE OWNER | 23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) (State or Contry) | Accident, suicide, or homicide? Recedent. Date of injury Sept. 124, 1937. Where did injury occur? Ellurade Tallet County Marylands |
| Thursday in the | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) | in Julia places |
| 18. BURIAL, REMATION OF EMPLY THE | Menner of Injury automobiles calleded with a trees. |
| Plac Deta Deta Deta 17, 1937 | Natura of Injury |
| 19. UNDERTAKER and Sunart | 24. Was diseasa or injury in any way related to occupation of decaased? |
| 20. FILED 9/14 1937 A. H. Mercus. Registrar. | (Signad) Glk B Jerbel M.D. (Adgrass) Eastly Vod |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | Example II | | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage V. S. | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitiat nephritis T 6 1937 | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| Best | | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | 474 | | |
| | | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| 1. PLACE OF DEATH County Wilage or City at County Langth Malance in city or town where doth pocurred. Langth Malance in city or town where doth pocurred. Langth Malance in city or town where doth pocurred. Langth Malance in city or town where doth pocurred. (a) Residence: No. Ward. Langth Malance in city or town where doth pocurred. (b) Residence: No. Langth Malance in city or town where doth pocurred. (c) Residence: No. Langth Malance in city or town where doth pocurred. (d) Residence: No. Langth Malance in city or town where doth pocurred. (a) Residence: No. Langth Malance in city or town where doth pocurred. (a) Residence: No. Langth Malance in city or town where doth pocurred wheeling in the city of the ci | STATE OF MARYLAND— | CERTIFICATE OF DEATH 10161 |
|--|---|---|
| County Village or City In the property of the second of | 1. PLACE OF DEATH | |
| Village or City at Control of Con | county lallate | |
| Langthor Relience in city or town where despectured. (di desh accounting in a hopsta for instruction, grouph NAME indeed of ancest and number) (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (f) Land place of pools of the work of the city or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX (a) Color or RACE (b) SI, Ward. (ii) In married, widowed or divined (download) (iv) Wife of County or town of the city or town and State DATE OF BIRTH (month, day, and year) 7. ACE (c) The profession, or particular in the city of | actor III | " July valler Hice FI |
| (a) Residence: No. (b) Residence: No. (c) It married widowers or divered or town and Seate Second or RACE S. SINGLE, MARKIED, WIDOWED, OR BYOKEDE Wine the werp or brown and Seate Second or RACE S. SINGLE, MARKIED, WIDOWED, OR BYOKEDE Wine the werp or brown and Seate Second or RACE S. SINGLE, MARKIED, WIDOWED, OR BYOKEDE Wine the werp or brown and Seate Second or RACE S. SINGLE, MARKIED, WIDOWED, OR BYOKEDE Wine the werp or diversed with the secoured on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at 19.37 death is self to have occurred on the date states above, at | (If | death occurred in a hospitator institution, give its NAME instead of street and number) |
| (a) Residence: No. (busines of bloods) A. St. Ward. If nonerident give city or town and Steate PERSONAL AND STATISTICAL PARTICULARS J. SIX A. COOR OR RACE S. SINGLE, MARKIED, WIDOVED, OR DIVORCED (write the worf) Sa. If married, wideway or divorced (or) wife of (or) or) wife of (or) | Length of residence in city or town where death occurredyrsmos. | - How long In U.S. if of foreign birth?yrsmosds. |
| PERSONAL AND STATISTICAL PARTICULARS S. SINGLE MARKIED, WIDOWED ON BIVORCED (write the worf) So. If married, widowed, or divorced (co) WHEE of C. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) J. AGE Years Months J. Total profession, or particular Kind of work done, as SHINNER, | 2 FULL NAME) PSSE OLUNNIN ANUM | If U. S. Veteran, specify WAR |
| 3. SEX 4-COLOR OR RACE OR DIVORCED (which be wer) The second of the sec | (a) Residence: No. It was place of abode) | St., Ward. If nonresident give city or town and State |
| Date of Birth (month), day, and year) 5. a. If married, widewed, or divorced HUSBAND of Cor) wife of Cor) wi | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 59. If married, widowers, or divorced HUSBAID or Corr WIFE of Corr WIF | OR DIVORCED (write the word) | 1ept. 23 1937 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Months | 5a. If married, widowed or divorced | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 day, 1 day, | (or) WIFE of Clare Cumulation | 1-at 6 0 20 Vest 03 20 |
| 7. AGE Years Months 1 day, hrs. of min. Trade, profession, or particular Nind of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at 10. Date deceased last worked at 10. Date of deceased last worked at 10. Date deceased last worked at 10. Date deceased last worked at 11. Total time (years) spening this coccupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CRESATION, OR REMOVALLE 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) M. O. | a toda | |
| Date of onset Strade, profession, or particular kind of work done, as SPINNER, with a strain of work done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, with a strain of work was done, as SPINNER, which was done or with a strain of the spinner, which was done or with a spinner, which was done as the spinner, which was done or with a spinner, which were an autopay? We was done or with a spinner, which was done or with a spinner, which were an autopay? We was done or with a spinner, which were an autopay? We was done or with a spinner, which were an autopay? We was done or with a spinner, which were an autopay? We was done or with a spinner, which were an autopay? We was done or with a spinner, which were an autopay? 15. BIRTHPLACE (city or town) | | |
| State or country | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| Shoutstry or business In which work was done as SILK MILL, SAW MILL, BANK, etc. Shout was done as SILK MILL, SAW MILL, BANK, etc. Shout with was done to external causes of importance: | Trade profession or particular | Date of onket |
| Shoutstry or business In which work was done as SILK MILL, SAW MILL, BANK, etc. Shout was done as SILK MILL, SAW MILL, BANK, etc. Shout with was done to external causes of importance: | Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | |
| 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 14 Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. The Country Other Coatributery Causes of Importance: Other Coatributery | 9. Industry or business In which | Gamanana al de in acomo to de leveral. |
| 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 14 Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. The Country Other Coatributery Causes of Importance: Other Coatributery | SAW MILL, BANK, etc. | 1 2 1 1 |
| Other Coatributery Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAN IN Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. THEN 11. STATE OF CALL 12. BIRTHPLACE (city or town) (State or country) 11. INFORMANT (Address) 12. BIRTHPLACE (city or town) (State or country) 13. MANOEN 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAN IN Place 18. BURIAL, CREMATION, OR REMOVAN IN Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. MANOE 10. Other Coatributery Causes of Importance: 10. Other Coatributery Causes of Importance: 11. NAME 12. Date of 19. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. Was disease or Injury In any wayrestated to occupation of deceased? 19. UNDERTAKER (Signed) 19. Other Coatributery Causes of Importance: 10. Date of 19. Specify Manoer of Injury Nature | | |
| 13. NAME Obert Curring 14. BIRTHPLACE (city or town) State or country What test confirmed diagnosis? Was there an autopay? 15. MAIOEN NAME Out of main | year) occupation occupation | Other Contributory Causes of Importance: |
| 13. NAME Potent P. Cremental Control of the Country | | |
| What test confirmed diagnosis? Was there an autopsy? Mag there an autopsy? Mag there are autopsy? Mag to external causes (VIOL ENCE) fill in also the following: 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVANT Place 19. UNDERTAKER (Address) (Signed) (Signed) Mas there an autopsy? Mag there an autopsy? Mag there are autopsy. Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. Undertaken autopsy are a | | |
| What test confirmed diagnosis? Was there an autopsy? Mag there an autopsy? Mag there are autopsy? Mag to external causes (VIOL ENCE) fill in also the following: 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVANT Place 19. UNDERTAKER (Address) (Signed) (Signed) Mas there an autopsy? Mag there an autopsy? Mag there are autopsy. Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. Undertaken autopsy are a | 13. NAME Poter P. Climany have | |
| What test confirmed diagnosis? Was there an autopsy? Mag there an autopsy? Mag there are autopsy? Mag to external causes (VIOL ENCE) fill in also the following: 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVANT Place 19. UNDERTAKER (Address) (Signed) (Signed) Mas there an autopsy? Mag there an autopsy? Mag there are autopsy. Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. Undertaken autopsy are a | 14. BIRTHPLACE (city or town) | Name of operation. Date of 9-6-37 |
| 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, Or REMOVANTY Place (Address) 19. UNDERTAKER (Signed) | (State of country) | |
| Where do injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 12 (Coult of Square In INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL IN INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury In any wayrelated to occupation of deceased? (Address) 22 19 37 19 4 10 4 4 1 10 10 10 10 10 10 10 10 10 10 10 10 1 | 15. MAIOEN NAME COULE 171, Falle | |
| Where do injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 12 (Coult of Square In INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL IN INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury In any wayrelated to occupation of deceased? (Address) 22 19 37 19 4 10 4 4 1 10 10 10 10 10 10 10 10 10 10 10 10 1 | 16. BIRTHPLACE (city or town) | |
| 17. INFORMANT (Address) 12. Could 1 get a 18. BURIAL, CREMATION, OR REMOVAL 19. Date 19. UNDERTAKER (Address) 24. Was disease or Injury In any wayrelated to occupation of deceased? 19. UNDERTAKER (Address) (Signed) (Signed) M. O. | (State of country) | (Specilly city or town, county and State) |
| Place I Compared to the Place | (Address) 120 Coulial 19 Jane | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 19. UNDERTAKER 2 2 2 4. Specify (Address) (Address) (Signed) (Signed) (Signed) (Mattre of Injury In any wayrelated to occupation of deceased? (Signed) (Signed) (Mattre of Injury) (Signed) (Signed) | 18. BURIAL, CREMATION, OR REMOVAL IN | Manner of injury |
| (Address) Constant Model If so, specify MRef M. O. (Signed) M. O. | PlaceV Date 1939 | Nature of Injury |
| (Address) Constant Model If so, specify (Signed) MRC M. O. | 19. UNDERTAKER James a. Special | 24. Was disease or Injury In any way related to occupation of deceased? |
| | M2 | If so, specify 4 |
| | 20. FILED 9/23 1937 / H. Nevrus | |
| Registrar. (Address) | Registrar. | (Address) Color Sul |

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Example I Example II The principal cause of death and related causes The principal cause of death and related eauses Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state Exact statement of OCCUPA-JAD. Every item of inforstated EXACTLY. ALY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be B.—WRITE PLA V. S. No. 1

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10162 |
|---|---|
| 1. PLACE OF DEATH | 96 |
| County Sallat | Registration Dist. No. 290 |
| Village or City near Easton mod | No. Outside St. Ward |
| Length of residence in city of town where deeth occurred vrs | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Lebert James | If U. S. Veteran, specify WAR |
| (a) Residence: No. | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) | 21. DATE OF DEATH 9 23 ,193 7 |
| 5a, If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBANO of One Succe Succession | 22. I HEREBY CERTIFY That I attended decopy of from |
| 6. DATE OF BIRTH (month, day, and year) 4/2/76 | Mas saw h. 1944 - alive on Sept 2 3 7 19.3 7; death Is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated allove, at 254 .m. |
| 6/ 2/ 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of Importence were es follows: |
| 8. Trede, profession, or particular kind of work done, as SPINNER. | Α |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Chronic Bronelia |
| Mork was done, as SILK MILL, SAW MILL, BANK, etc | Ciptura. |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spent in this year) | |
| year) | Other Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) (State or country) | forthal se gue geletion |
| | Mef X110X - 1933 |
| 13. NAME Carrey 14. BHTHPLACE (city or town) | Name of operation |
| 4 14. BHTHPLACE (city or town) (State or country) | Name of operation Date of What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIDEN NAME Elizabeth Willis | 23. If death wes due to externel ceuses (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Elizabelly William 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? |
| ≥ (Stata or country) | Where dld injury occur? |
| 17. INFORMANT & Vary & James (Address) | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of Injury |
| Place Easton Med Octo 9/24, 1937 | Nature of Injury |
| 19. UNDERTAKER and Alberta | 24. Wes disease or injury In eny way related to occupation of deceased? |
| 20, FILEO 9/24, 1937 M. A. Mevil | If so, specify (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) |
| Registrar. If more blanks are needed, address State Registrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis CT 6 1931 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | u | |
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| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
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| No. | |
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| JPA. | STATE OF MARYLAND— | CERTIFICATE OF DEATH 10163 | |
|--------------------------|--|--|--|
| BPA | 1. PLACE OF DEATH | | |
| 20 | County Scallest | Registration Dist. No. 242 | |
| | Village or City I raphe foulude | No. St. Ward | |
| 0 / | | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| e | Ø · 01. 22.1 | sds. How long in U.S. if of foreign blrth?yrsmosds. | |
| ict statement | 2. FULL NAME LOW TIEM | | |
| sta | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| xact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| Exa | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH Senter 239, 1937 (Year) | |
| classified. | 5a. If merried, widowed, or divorced HUSBAND of | | |
| issi | (or) WIFE of | 22. Sept 10 1937 to 12 1 1 1 attended deceased from | |
| | 6. DATE OF BIRTH (month, day, and year) Oct. 1746 1936 | Hast saw here alive on Aught 200 1937 death is said | |
| rly | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 7,50 Pm. | |
| properly certificate. | // 6 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| be pr | 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Infections durrheal left 4 | |
| may | 9. Industry or business in which | V | |
| | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| on on | 10. Date deceased last worked et this occupation (month and year) | | |
| that ions | | Other Contributory Causes of importance: | |
| se | 12. BIRTHPLACE (city or town) Near Lorappe (State or country) | | |
| in plain terms, so tha | W 13. NAME The Railey | | |
| n terms, | T / / / / / | | |
| in to See | 14. BIRTHPLACE (city or town) | Neme of operation Date of | |
| t. | 15. MAIDEN NAME Florence Green | What test confirmed diagnosis? Was there an autopsy? | |
| | The province of the same of th | 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? | |
| TTH | 16. BIRTHPLACE (city or town) | Where did injury occur? | |
| | 17. INFORMANT Ada Wilson | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. | |
| E .E | 18. BURIAL, CREMATION, OR REMOVAL Place Security in Furry Nick Date Sept 25, 1937 | Manner of injury | |
| CAUSE TION is | 19. UNDERTAKER IM El neuroacce (Address) Trup be ond | 24. Was disease or injury in any way related to occupation of deceased? | |
| 7 | 20. FILED SULTY-, 1937 Inglaton Registrar. | (Signed) Luliage Degueer M. D. (Address) Drup for ma, M. D. | |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|---|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related cause of importance were as follows: | |
| Arteriosclerosis | 1915 | Attack of cpilepsy S'A NY 38118 | 1 week ago |
| Chronic interstitial ncphritis | 1921 | Run over by street car. | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis 1 1801 6 1 | B days ago |
| | 1 | TOEMED! | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroentcritis | 1 year |
| | | | |

| | ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
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19. UNDERTAKER (Address)

20. FILED ...

BINDING

FOR

RESERVED

IARGIN

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 3 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis OCT 6 1937 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE | E FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|------------------|-------|---------|------------|---------------|-----------|
| | | | | | |

V. S. No. 1

of OCCUPA.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10165 |
|--|--|
| 1. PLACE OF DEATH | (48) |
| County Talbol | Registration Dist. No. 296 |
| Village or City Treas Carlow | |
| Length of residence in city or town where death occurredyrspos. | |
| 2. FULL NAME Jure Time was Ah | Will W. S. Veteran, specify WAR |
| (a) Residence: No. Osual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH LEFT. (Bay) (193 (193) (193) |
| 5a. If married, widowed, or divorced HUSBAND of (ar) WIFE-of. | 22. HEREBY CERTIFY That attended deceased from |
| facus Same | 02/1- S 1937, to 2/18 1937. |
| 6. DATE OF BIRTH (month, day, and year) [laye 6 | l last saw h 2 alive on , 19 / , death is said |
| 7. AGE Years Months Bays If LESS than 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of great |
| Nind of work done, as SPINNER Are lived | Conciniona Tilleus 756 |
| Kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Indostry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this pocupation (month and specific property). | The start of the state of the s |
| 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Hear Heures Laures | Other Contributory Causes of importance: |
| (State or county) tuanyland | Panille |
| 13. NAME Journel Danstoffer 14. BIRTHPLACE (city or town) | 7:18 |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State of County) | What test confirmed diagnosis? Was there an aulopsy? |
| 15. MAIDEN NAME ZEERLY. Helson | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 0 16, BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or gain'ry) | Where did Injury occur? |
| 17. INFORMANT Alla Relief | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place ! Relaw Gelie, Date 19 31., 19) | Nature of Injury |
| 19. UNDERTAKER J. Zigezel Telesony | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED : 9/18 , 1937 / Herry | (Signed) |
| Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example T | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis CCI 6 1937 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage WIREAU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

properly classified.

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TH in plain terms, so that it may See instructions on

CAUSE OF DEM TION is ver

rtant.

certificate.

of back

B.-WRITE PLAINLY,

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| STATE OF MARYLAND | CERTIFICATE OF DEATH 10292 |
|--|--|
| 1. PLACE OF DEATH | 95-0 |
| County altok | Registration Dist. No. 294 |
| Village or City Selections | NoSt., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city of town where death occurred | ds.* How long in U.S. if of foreign birth?yrsmos ds. |
| 2. FULL NAME Delia Grancis 7+ | orno |
| (a) Residence: No. (Usual place of abode) | St., Ware. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. THEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, end year) CAT 18 - 1845 | Hast saw has alive on Seff 29 1930; death is said |
| 7. AGE Years Months Days If LESS than I day, hrs. | to have occurred on the date state above, et 2/0 A-m |
| orrgin. | The PRINCIPAL CAUSE OF DEATH end related couses of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc. | frey creat pearly asked (144) A |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 71.79 |
| U 1D. Date deceased lest worked et II. Total time (years) | |
| this occupation (month and spent in this occupation (occupation (o | |
| 12. BIRTHPLACE (city or town) Ranking Production (State or country) | Other Contributory Cames of importance: |
| 13. NAME William & forginson, | |
| 14. BIRTHPLACE (city or town) (State or country) | Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Sarch a. Gibson | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Offord, MA. (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT S. J. Harrison ned. | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Selghman morte Oct 1, 195, | Nature of injury |
| 19. UNDERTAKER A. M. | 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) M. D. |

(Address) ___

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| 6.70 | | | |
| APR 6 1999 | | | |
| Other contributory causes of importance: V. 5. | 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis . | 1 year |
| - Secretary | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

SCOKD. Every item of infor-PHYSTCIANS should state Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. ELY,

WRITE PLA

V. S. No. 1 B

MARGIN RESERVED FOR BINDING

| 1. PLACE OF DEATH | 93-0 |
|--|---|
| County falfil | Registration Dist. No. 2, 40 |
| Village of City Saston Maryland (I | No. Muligently for the little of the little |
| 2. FULL NAME Raf Shy Harfley | If U. S. Veteran, specify WAR |
| (a) Residence: No. Hurle (Usual place of abode) | St. Ward. State Ward State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Black Mary O | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorced HUSBAND of (OT) WIFE OF AMA HALL | 22. I HER/EBY CERTIFY, That I attended deceased fro |
| 6. DATE OF BIRTH (month, day, and year) 1903 | i last saw h LM elive on Slpt 1, 1932; death is se |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| S. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Melher Stietur apri |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MIDL. SAW MILL, BANK, etc 10. Date decased last worked at this cecusition (month and the control of the control | Wether jistels |
| year) occupation A (1) | Other Coatributory Cases of Importance: |
| 12. BfRTHPLACE (city or town) # MANNOW | |
| 13. NAME Joseph H. Hauss | Can Julian Ofthe |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of Date of What test confirmed diagnosis? Level Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: |
| f6. BIRTHPLACE (city or town) (Stete or country) | Accidant, suicide, or homicide? |
| 17. INFORMANT UNIVA HOURS (Addrass) Federals Rung Md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL GREMATION, OR REMOVAL 21. Place of Personal Date 9-6-,19-3-7 | Mannar of injury |
| 19. UNDERTAKER Translated Town (Address) | 24. Was disease or injury in eny way related to occupation of deceased? |
| 20. FILED 9-4- , 1937 N. N. Mercies Registrar. | (Signed) (Address) A |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1037 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis 6 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | Jaly 5,1927 | Peritonitis | 3 days ago |
| BUNEAU | | | |
| Other contributory causes of Importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENT | SBY | PHYSICIAN |
|--|-----|-----------|
|--|-----|-----------|

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | i a | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis | Date of onset | The principal cause of death and related eauses of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | ا ا | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. WATH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. B.—WRITE PL

V. S. No. 1

ż

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10168 |
|---|--|
| 1. PLACE OF DEATH | |
| County /allot | Registration Dist. No. 290 |
| Village or City Easter, P. D. | No. Or St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos. | ds. How long In U. S. if of foreign birth?yrsmosds, |
| 2. FULL NAME The Mc Danie | of U. S. Veteran, specify WAR |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5e. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) Wife of | 22. 1 HEREBY CERT FY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Salat. 14, 1937 | I last saw halive on |
| 6. DATE OF BIRTH (month, day, and year) O. T. Y. 1937 7. AGE Years Months Days If LESS than | |
| 1 day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: |
| kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Till kronne |
| 9. Industry or business in which work was done, es SILK MILL, | P |
| SAW MILL, BANK, etc | (remartice |
| this occupation (month and year) occupation | |
| 5 4 00 | Other Coutributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or pountry) | |
| 13. NAME QUALLE V. MO DALLE | |
| 14. BIRTHPLACE (city or town). Gaston | Name of operation Date of |
| (Staye or country) | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME LLA Delison | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Castly | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT ACTION (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURNAL, CREMATION, OR REMOVAL Md 19/15 .37 | Manner of Injury |
| Place Quate 193 | Nature of injury |
| 19. UNDERTAKER James V. 116 Agriel | 24. Was disease or injury in any way related to occupation of deceased? |
| 411-22 2011 | If so, specify (Signed) (Signed) |
| 20. FILED. T. J.S., 19.3. / J.J.Y. / J. / Q.C.L.S. Registrar. | (Address) Cashan Andrew |
| | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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| Example I | t | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| 0C1 0 100 | 5 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FU | URTHER STATEMENTS BY PHYSICIAN | |
|-------------------------|--------------------------------|--|
| | | |
| | | |
| | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10169 |
|---|--|
| 1. PLACE OF DEATH | (46 B) |
| county select | Registration Dist. No. 290 |
| Village or City Posal Oak | No! 1 Oulsede 'St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where deeth occurred yrsmos | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME (Della / Tobella / 1) | addluff U. S. Veteran, specify WAR |
| (a) Residence: No. / Toyal Was | St. Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male well to OR DIVORCED (write the word) | Sept. 23 193) |
| 5e. If merried, widowed or divorced | Month) (Day) (Year) |
| HUSBANO of Cornel Charles MP 6000 | 22. A I HEREBY CERTIFY, Thet I ettended deceased from |
| full my man the | July 27 1937 to Dep 23 195/ |
| 6. DATE OF BOTH (month, dey, end year) Mary, 74 1875 | I bot sewhales elive on 1997 20 193 ; deeth is said |
| 7. AGE Years Months Oeys files then 1 dey,hrs. | to have occurred on the dete steted a love, et 3.3.0.0m. |
| 6 16 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trede, profession, or perticuler kind of work done, as SPINNER, Grand Sussession, SAWYER, BOOKKEPER, etc | |
| SAWYER, BOOKKEEPER, etc | 10000 |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | Concinena 7 sameou |
| 10. Dete decessed last worked at this occupetion (month end spent in this | |
| year) | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) fudlersailly | Other Commitmery Causes of Importance. |
| (State or country) Quelen anne 100 Med | |
| 13. NAME Jolen ME Fradden | |
| 14. BIRTHELACE (city or town) Phila | Neme of operation 40 coals Caprolary Oute of http://37 |
| (State or country) Page | What test confirmed diagnosis? Melantefus. Was there an europsy to |
| 15. MAIDEN NAME Masie June Roberto | 23. If death was due to externel causes (VIOLENCE) fill In elso the following: |
| 16. BIRTHPLACE (city or town) Lucelle Quell 60 | Accident, suicide, or homicide? |
| (State or country) Sudlessville. Wed - | Where did injury occur? |
| 17. INFORMANT Mm Jean Ray M- Fraddey | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Royal Oak Mide | |
| 18. BURIAL, CREMATION, OR REMOVAL Place Sudle soil Woode Sept 25, 1937 | Menner of Injury |
| O D Cal ac | Nature of Injury. |
| 19. UNDERTAKED JOHN D. MULLEGING | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Passon Mil. | If so, specify |
| 20. FILEO. 4/23, 1937 / A H1//errus | (Signed) Williams M. D. |
| Registrar. | (Address) |
| a) more vients are needed, address State Registrar, | 2411 IV. Unaries Street, Dallimore, Kequesting "U. S. IVo. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

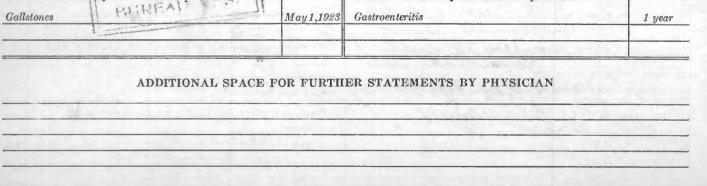
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| Example I | 11 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage = CEIVE | July 5,1927 | Peritonitis | 3 days ago |
| OCT 6 1937 | | | |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| and 3 to 3 miles | | | |



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| 7 | 10 | 5 | 1 4 | 1) |
|---|----|---|-----|----|
| 1 | U | 1 | 1 | U |

| ACE OF DEATH | (32) |
|--|--|
| ounty Tailot: | Registration Dist. No. 290 |
| illage with Ruston (If | No |
| My State of the st | |
| Residence: No. Jacobs on d. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| ERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (write the word) | 21. DATE OF DEATH 22 1937 (Notth) (Day) / (Year) |
| BAND of Wro. Virginia more. | 22. THEREBY CERTIFY, Thet I attended deceased from Sept. 19, 1937, to Sept. 22, 1937. |
| OF BIRTH (month, day, and year) Queg. 26 1870 | I last saw alive on alive on alive on 2 4, _, 19.3 7; death is said |
| Years Months Deys If LESS than 1 day,hrs. | to have occurred on the date steted above, a |
| rade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Pulmonary Embolin 9-22-17 |
| ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Hypertrophied Prostate |
| Date decessed lest worked et 11. Total time (yeers) spent in this year) | carting over the 291 |
| HPLACE (city or town) | Other Contributory Causes of Importance: |
| IAME William Moore | |
| (State or Country) | Name of operation 2002 takes 1 1 2002 Octo of 9-7-1-3? What test confirmed diagnosis? Was there en outopsy? 120 |
| MAIDEN NAME Josephine Cudioevs | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| SIRTHPLACE (city or town). (State or country) | Accident, sulcide, or homicide? |
| RMANT TO Jacobs Mandress) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| al, cremation, or removal and Oate Sepi 24, 1937 | Manner of injury |
| Address) Lieus bord, and | 24. Wes disease or injury in any wey related to occupation of deceased? |
| 7/22 ,19377H. Neeres. | (Signed) — 5. M. O. (Address) Sasto 2 |
| | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I V E D | - | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonilis | 3 days ago |
| Other contributers conserved immentance | | Other contributory causes of importance: | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

| 1. PLACE OF DEATH | | -CERTIFICATE OF DEATH | |
|---|---|--|-----------|
| County Talk | 1 | Registration Dist. No. | 220 |
| Village or City Ca | he me | No mergance Hory | ? Kelyw |
| Length of respirate in city or town | where death occurredvrsmc | If death occurred in a hospital or institution, given NAME instead of street a osds. How long in U.S. if of foreign birth?yrs. | |
| | named mul | likes if U. S. Veteran, specify WAR | |
| (a) Residence: No. | 11,00 man 11,00 | | |
| (a) Residence. No. | (Usual place of abode) | St., Ward. If nonresident give city or town | and State |
| PERSONAL AND STA | TISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | ì |
| male whi | OR DIVORCED (write the word) | 21. DATE OF DEATH 5 | , 193(Yeb |
| 5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of | | 22. I HEREBY CERTIFY, That I attend | |
| 6. DATE OF BIRTH (month, day, and year) | Sept 5 /937 | I last saw h alive on 19 | |
| 7. AGE Yaars Mon | | to have occurred on the data stated above, at | |
| - | 1 day,hrs | The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: | 1 |
| 8. Trade, profession, or perticular kind of work dona, as SPINNI SAWYER, BOOKKEEPER, etc | | | Oate of |
| SAWYER, BOOKKEEPER, etc | fewhou | | |
| 9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc | | Still low | |
| kind of work dona, as SPINNI SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date decaased last workad et this occupation (month end year) | 11. Total time (years) spent in this occupation | | |
| | Easton | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) | ma | ••• | |
| W 13. NAME have | of religion | | |
| 14. BIRTHPLACE (city or town) | -1 | Name of operation | 4 |
| (State of country) | | What test confirmed diagnosis? Was there | |
| 15. MAIDEN NAME Catheren | il May Mulliken | 23. If daath was due to external causes (VIOLENCE) fill in also the follow | |
| 16. BIRTHPLACE (city or town) | as ton | Accidant, suicide, or homicide? Oate of injury | , 19_ |
| State or country) | Tulangland | Where did injury occur? | 6 |
| 17. INFORMANT athers (Address) 478 C | ne May Mullekin | (Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC | PLACE, |
| 18. BURIAL, CREMATION, OR REMOVAL | Cregnaltel + | Manner of Injury | |
| Place Consequently | ala 0ate Sept 1,195/ | Nature of injury | |
| 19. UNDERTAKER Engugen | es / tomber. | 24. Was disease or injury In any way related to occupation of deceased? | |
| (Address) East | of gold. | If so, specify | |
| 0/ 4- | . // // | (Signad) | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example I V E D | 11 | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: 7 8 1937 | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis of PEASI V. S. | 11 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | V |
|----------------|--------|---------|------------|----|-----------|---|
|----------------|--------|---------|------------|----|-----------|---|



See instructions on back of certificate.

TION is very important.

-WRITE

of OCCUPA.

| 1. PLACE OF DEATH | | | 92-30 |
|--|------------------|--|--|
| County altot | | | Registration Dist. No. 291 |
| Village or City | ich all | * | NoSt.,W |
| Length of residence in city or town where | death-occurred > | . 17 | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos |
| 1. | 5 (12) | N. A. A. A. A. — | - ma and |
| 2. FULL NAME John C | 7,000 | | |
| (a) Residence: Nd. | (Usual place | of shorts) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE | | RIED, WIDOWED, | 21. DATE OF DEATH A |
| male Julaila | OR DIVORCEI | (write the word) | OKIT. 23 193 7 |
| 5a. If married, widowed, or divorced | ma | Mu 0 | (Month) (Day) (Year |
| HUSBAND of (or) WIFE of | O D | 0 | 22. HEREBY CERTIFY, That I attended deceased in |
| Morcha | 10 4 | ann | 241T. 13 ,1937, to Q 41 T 23, 19 ; |
| 6. DATE OF BIRTH (month, day, and year) | cb-19-1 | 1867 | liast saw h lill alive on Seft 23, 1937; death is |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 2 A.m. |
| 70 7 | 4 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | T | | Data of or |
| SAWYER, BOOKKEEPER, etc. | wavers | an | (prome Valvular Disease) |
| 9. Industry or business in which work was done, as SILK MILL, | ystering | Crobing | |
| SAW MILL, BANK, etc | 11 Total ti | me (years) | |
| this occupation (month and year) | spen | me (years) | |
| | R A | The state of the s | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | 16 | <i></i> | - Continue of the second |
| | 0. | | Melio Sellotio |
| 13. NAME ROSUL P 14. BIRTHPLACE (city or town) Turk | all | 0- | |
| 4 14. BIRTHPLACE (city or town) | Not 6 | | Name of operation Date of |
| (State of Country) | Ju | () | What test confirmed diagnosis? Was there an autopsy? / |
| 15. MAIDEN NAME Muyer | us de | | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 0 16. BIRTHPLACE (city or town) | Not 6 | | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Che | | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Martha | 1 Plu | mmy | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) 18. BURIAL. CREWATION, OR REMOVAL | mena | a an | |
| Place It mohaul | - Date Seh | 1 25,037 | Manner of injury |
| 11-0- | 0 | | Nature of injury |
| 19. UNDERTAKER MACIN | zh cu | | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) | me | hul | If so, specify |
| 20. FILED Rept 37 , 1927 Jol | on Hever | reles | (Signed) |
| | J. at a | Registrar. | (Address) with the control of the co |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage OCT 5 1931 | July 5,1927 | Peritonitis | 3 days ago | |
| PAREAU V. S. II | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| llstones | | May 1,1923 | Gastroenteritis | 1 year |
|----------|------------------|-------------|----------------------------|--------|
| | ADDITIONAL SPACE | E FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| | | | | |
| | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|
| 1. PLACE OF DEATH | 93-0) Drwall |
| County Jallier | Registration Dist. No. 290 |
| Village or City (Leermorelle) | No aslow P.D "Outstide" Ward |
| / T | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Trisby Roberts | If U. S. Veteran, specify WAR |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowad, or divorced | 21. DATE OF DEATH (Month) (Day) (Yéar) |
| HUSBANO of (or) WIFE of Archive Archiv | 22. I DEREBY CERTIFY That I deended deceased from |
| 8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL. SAW MILL, BANK, etc. 10. Date daceased last worked et this occupation (month and spent in this | The PRINCIPAL CAUSE OF DEATH and related Bauses of importance ware as follows: Data of onset |
| 12. BIRTHPLACE (city or town) (State or country) | Other Contributary Causes of importance: |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| I5. MAIDEN NAME I6. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | 23. If daath was dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Piece Data 193 | Menner of Injury |
| 19. UNDERTAKER ALL ABOUTED | 24. Wes disease or injury in any wey releted to occupation of dacesed? If so, spacify (Signed). |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis OCI | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | 4 | | |

| | ADDITIONAL SP | ACE FOR FURTH | ER STATEMEN | TS BY PE | YSICIAN | |
|-----|---------------|---------------|-------------|----------|---------|-----------|
| | | | | | | |
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| | | | | | | d wa |
| | | | | | | |

MARGIN RESERVED FOR BINDING

V. S. No. 1

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| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | of Week. |
|--|---|--|------------------|
| 1. PLACE OF DEATH | | (125) | 0174 |
| County Talkot | | Registration Dist. No. 29 | 20 |
| Village or City | TR 1 #5 | No Kirkhaus Ould sold | O Ward |
| Village of City | are of | delife sourced in a hospital or institution, give its NAME instead of street and | |
| Length of residence in city or town where death | occurredyrs, 2mos | How long in U.S. If of foreign birth?yrsn | nosds. |
| 2. FULL NAME - faces | y Ros | If U. S. Veteran, specify WAR | |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city or town an | d State |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. | SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) | 21. DATE OF DEATH Sept. 17 | , t93 7 |
| 5e. If merried, widowed, or divorced | June Vicu | yionth) (Day) | (1941) |
| HUSBANO of As a of Ro | 21) | 22. I HEREBY CERTIFY Thet I stended | deceased from |
| 1200 110 | +100 | 2) efst 193/, to Defst (6 | , t9/ |
| 6. DATE OF BIRTH (month, dey, and year) | ue 121 /074 | lest sawh les allve on Jeffer (9) | -; death is said |
| 7. AGE Years Months | Deys If LESS than / I dey,hrs. | to heve occurred on the dete steted ebove, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance | |
| 73. | / O ormin. | were es follows: | Date of onset |
| 8. frede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | louse wig | & Muplewed Lastur | |
| 9. Industry or business in which work wes done, es SILK MILL. | and the south | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Qu |
| work wes done, es SILK MILL, SAW MILL, BANK, etc | It. Totel time (years) | Meer Couplicales | М |
| this occupation (month end | spent in this | by acuta Personetis | 3 |
| R | 00.0 | Other Contributory Causes of importence: | 7 |
| t2. BIRTHPLACE (city or town) | eware of | | |
| (State or country) | org ma | | - Z |
| 13. NAME JAW TVL | claris | | |
| 14. BIRTHPLACE (city or town) | jal Was? | Neme of operation | |
| (State of country) | - May | What test confirmed diegnosis? No Grand Wes there an | eutopsy?_1/2 |
| 15. MAIDEN NAME Sarake 16. BIRTHPLACE (city or town) | Emacke | 33. if deeth was due to externel causes (VIDLENCE) fill in elso the following | ig: |
| | real war | Accident, suicide, or homicide? Dete of injury | , 19 |
| (Stete or country) | 1 ma | Where did injury occur?(Specify city or town, county and Su | ate) |
| t7. INFORMANT - FUELA COLOR (Address) | 1 #5 mid | Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P | LACE. |
| 18. BURIAL, CREMATION, DR REMOVAL | 10.1.200 | Menner of injury | |
| Plece Laward Lovelle | stex 91 20,190 | Neture of Injury | |
| earlow 12 to 43 lile | 200 com | 24. Was disease or injury in any way releted to occupation of deceased? | No |
| t9. UNDERTAKER - Oller - Fill | Track tolled | if so, specify | |
| 9/00 00 1 | THE YOUR | (Signed) Theward | ha M.D |
| 20. FILEO 19-3- | Registrar. | (Address) a St. Mushalla k | Ind |
| 76 | to an anoded add a Second Second | N Cl C P C P C C N | |

iore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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| Example I | | Example II | |
|-----------------|--|--|--|
| S Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| | | | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC | HAN |
|---|-----|
|---|-----|

-WRITE PL

Ä

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (93-0) |
| County Jallyt | Registration Dist. No. 290 |
| Village or City Easters R. Do | No. 11 Outleville 'St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | death occared the hospital of hishardon, give in transfer instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Leave Santo | If U. S. Veteran, specify WAR |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced | 21. DATE OF DEATH (Month) (Day) (Year) |
| HUSBAND OF Charles H. Sauford | 22. I HEREBY CERTIFY. Thet I ettended deceased from |
| 6. DATE OF BIRTH (month, day, end yeer) March 20, 1883 | I last saw has alive on 9-4-, 1937; deeth is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated ebove, at 6.3 P.m. |
| 5 1 5 14 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BD OKKEPER, etc. | Chrome Myocarditis 3420 |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased lest worked et 11. Total time (years) spent in this | |
| 10. Oate deceased lest worked et 11. Total time (years) spent in this year) | |
| 12. BIRTHPLACE (city or town) Marginelle (State or country) | Other Contributory Causes of importence: |
| EL 13. NAME | |
| 14. BIRTHPLACE (city or town) | Name of operation Dete of |
| (State of Country) | What test confirmed diagnosis! Agentual was there en eu opsy? 22 |
| 15. MAIDEN NAME | 23. If death was due to external ceuses (VIDLENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of Country) | Accident, suicide, or homicide? |
| 17. INFORMANT Charles N. Seculord (Address) | Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Plece La disease Md Date 7, 13.7 | Manner of injury |
| 19. UNDERTAKER Address Address | 24. Was disease or injury In eny way related to occupation of decessed? |
| 20. FILEO J. J. 19. 37 M. H. Nelevier. Registrar. | (Signed) M. O. (Address) Saston 2nd |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 4 | 1915 | Attack of epilepsy | 1 weck ago |
| Chronic interstitial nephritis CCI 6 1937 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | CIAN |
|---|------|
|---|------|

PHYSICIANS should state Exact statement of OCCUPA. RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. LY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | 0110 |
|--|--|---------------|
| 1. PLACE OF DEATH / A.C. | (31) | |
| County Jallot | Registration Dist. No. 29 | 0 |
| Village or City 2 action | NDSt | Ward |
| (li | death occurred in a hospital or institution, give its NAME instead of street and nu | |
| Sp . S -1/1 | | |
| 2, POLL NAME Lamy Lang Spollemorg | If U. S. Veteran, specify WAR | |
| (a) Residence: No. Affile Aureth Clubs (Usual place of abode) | St., Ward. If nonresident give city or town and S | tate |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 120 Le (Month) (Day) | 193. 7 |
| 5a. If married, widowed, or divorced | | (Year) |
| HUSBAND of (or) WIFE of uniferom | 1 HEREBY CERTIFY, That I ettanded de | ceased from |
| Q 12/4 121 | 100,10/200 37 | , 192 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than | last saw how elive on flower at 10 2 m., 192; to have occurred on the date stetad above, at 10 2 m. | death is sald |
| 73 4 10 1day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance | |
| S Trede, profession, or perticular | were as follows: | Date of onset |
| kind of work done, as SPINNER, Salesman - | I prome Interetities | |
| 9. Industry or business in which work was dona, as SILK MILL, | | |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | ply pritis | 1936 |
| o this occupation (month and all spant in this occupation is occupation in the spant in this occupation in the span in t | | |
| V. 41-1. d D | Dther Coatributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) Server Francisco (State or country) | | |
| 13. NAMER Salvard Traces Sarlamon | | |
| 13. NAME to Salurand France, Spollenon | Name of operation Data of | |
| (State or country) | What test confirmed diagnosis? | lopsy? |
| 15. MAIDEN NAME Mary Securing - | 23. If death wes due to externel causes (VIOLENCE) fill In also the following: | |
| 15. MAIDEN NAME Mary Dewring - | Accident, suicide, or homicida? Date of injury | , 19 |
| ∑ (State or county) | Where did Injury occur? | |
| 17. INFORMANT alreadelle A. Marie. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | E. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Place Gastey Md. Date Val 2 7, 1937 | Nature of Injury | |
| 19. UNDERTAKER PALLES a Spelice | 24. Was disease or Injury in eny way related to occupation of deceased? If so, spacify | / |
| 20. FILED 10/20, 19.37 MSL. Neuris Registrar. | (Signad) CONCIA S NESSUE 8 | M. D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example 1 | | Example II | |
|--|-------------|--|---------------------------|
| The principal cause of death and related caus of importance were as follows: Arteriosclerosis | 0 11 | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 7 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| MIREAU V. | 3. | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

| MARGIN | N.BWRITE PLAINLY, WITH UNFAD | mation should be carefully supplied. |
|-------------|------------------------------|--------------------------------------|
| | WITE | refully |
| | MINITA, | be ca |
| 1 | TE PL | should |
| fo. 1 | -WRIT | mation |
| V. S. No. 1 | N. B. | I |
| | | |

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 101 |
|----------|-------------------------------|-----|
|----------|-------------------------------|-----|

| 1. PLACE OF DEATH | (QUE) |
|--|--|
| County Tallot | Registration Dist. No. 291 |
| Village or City for michaels | ND. St., Ward |
| Length of residence in city or town where death occurred yts mos. | death occurred in a horpital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsds, |
| 2 FILL NAME William No Sumah | and M.S. Veteran specify WAR BALL |
| (a) Residence: No. Att Quekaels & | 2 dt. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (Artic the word) | 21. DATE OF DEATH 7 (Pay) (Yed) |
| 5a. If married, widowed, or-divorced HUSBAND of | |
| (or) WIFE of Scalie a. Swanhaus | 225 HEREBY CERTIFY Thet attended deceased from 19.37, to 0.50 19.37 |
| 6. DATE OF BIRTH (month, day, end yeer) Fel. 7 1885 | I last Saw h www elive on 3 4th 7/ ,19.37, death is said |
| 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date stated above, at |
| 02 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Millied SAWYER, BOOKKEPER, etc. | Coronan thromboses - |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | / |
| 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation. |) |
| 12. BIRTHPLACE (city or town) Jallot & | Dther Contributory Causes of importance: |
| (State or country) | Merio Sclerosio |
| 13. NAME I'M A. Suranhaua Su. | |
| 13. NAME Win H. Alwanhara Su. 14. BIRTHPLACE (city or town) Germany | Name of operation |
| (State of country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME (May M. L. Meller | 23. If death was due to external causes (VIDLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) Sermany (State or country) | Accident, suicide, or homicide? |
| my mm I I a | Where did injury occur? |
| 17. INFORMANT (Address) It male all 2nd | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place III michaela, Date Hept 9, 1937 | Nature of injury |
| 19. UNDERTAKER Newmann & Farmian | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) St. Michaela MD | If so, specify |
| 20. FILED A fta 9, 1937 John Hwwales | (Signed) M, D. (Address) St. Manual M. M. D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | Example II | | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
| |
| |
| |

| 1. | PLACE OF DEATH | 1 0 0 . 0 | (57) | |
|------------|---|--|---|---|
| | County | Talkat | Registration Dist. No. 292 | |
| | Village or City | sppe. | NoSt., | Ward |
| | Length of residence In city or town | | If death occurred in a hospital or institution, give its NAME instead of street and nu gds. How long in U.S. if of foreign birth?yrsmos. | |
| 2. | FULL NAME Lew | wethe Eliza I | erbulf U.S. Veteran, specify WAR | |
| | (a) Residence: No. | Trippe, And. | St. Ward. | ••••••••••••••••••••••••••••••••••••••• |
| | | (Usual place of abode) | If nonresident give city or town and S | tate |
| 3. SE | | TISTIČAL PARTICULARS E 5. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH | |
| , | nale W. | OR DIVORCED (write the word) | Sut 25 | 193 |
| 5a, If | married, widowed, or divorcad | =1 17 T | (Month) (Day) | (Year) |
| | HUSBAND of James | Edward Larbull | 1 22. 4 THEREBY CERTIFY. That I attended de | ceased from |
| 6 DA | ATE OF BIRTH (month, day, and year | June 17 1856 | Hast saw heaven aliva on Sent 220 1937. | death is sale |
| 7. AG | | this Days If LESS than | to have occurred on the data stated above, at QQm. | geath is said |
| 81 | | 3 8 1 day,hrs | were as follows: | |
| Z | 8. Trade, profassion, or particular kind of work done, as SPINN | ER. P. P. | A | Date of onest |
| DCCUPATION | SAWYER, BOOKKEEPER, atc 9. Industry or business in which | Louveway | Chair Cathering | 21 34 |
| 9 | work was done, as SILK MILL SAW MILL, BANK, etc | • | Source Statement M | 1) |
| | O. Date deceased last worked at this occupation (month and | 11. Total time (years) spent in this | | 1 |
| | year) | occupation | Other Contributary Causes of Importance: | |
| 12. B | (State or country) | au Tugge | | |
| × 1 | 3. NAME GLORAL | W. Frauxton | | |
| FATHER | 4. BIRTHPLACE (city or town) | Royal Oak. | Nama of operation Date of | |
| 1 | (State or country) | | What test confirmed diagnosis? Was there an aut | opsv? |
| MOTHER | 5. MAIDEN NAME | a C. Ross | 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: | |
| 0 1 | 6. BIRTHPLACE (city or town) | Trappl | Accident, suicide, or homicida? Date of injury | , 19 |
| - | (State or country) | 0.6 | Whare did injury occur? (Specify city or town, county and State) | |
| 17. IN | (Addrass) | The Compet | Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC | E. |
| 18. B | URIAL, CREMATION, OR REMOVAL | 1 | Manner of Injury | |
| | Place Spring Hul | Cam. Date Sept. 27 193/ | - Natura of injury | |
| 19. U | NDERTAKER Frawace | E. Leronam + Son | 24. Was disease or injury in any way related to occupation of deceased? W | 0 |
| | (Address) GA | ston, mas | If so, specify | |
| 20. FI | LED Syx 16, 1937 | Jorgania | (Signed) | M, D |
| | 1 | f more blanks are needed, address State Registrar. | (Address) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | li li | Example II | | |
|--|---------------|--|---------------|--|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| RECEIVED | | | | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | |
| BURGAG | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 10179 |
|--|--|
| 1. PLACE OF DEATH | 88-0 |
| County Jaffit. | Registration Dist. No. 290 |
| Village or City | No. Guergency Hospatal St, Ward |
| Length of residence in city or town where death occurredyrs,mos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth Carry yrs. hospital ds. |
| TREFILL NAME M. Refect Windson | Se If U. S. Veteran, specify WAR pauce Comorce |
| (a) Residence: No. Custo and | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (purise ther word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or diverged HUSBAND of (or) WIFE of Complete Pre Wrighton | 22. I HEREBY CERTIFY That I attended deceased from Sept. 14 1937 |
| 6. OATE OF BIRTH (month, day, and yeer) Dec. 18, 1858 | l lest saw harden elive on Sept. 140, 19.37; death is said |
| 7. AGE Years Months Oays If LESS than | to have occurred on the date stated above, at 1.10 50 m. |
| 78 8 26 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | A |
| S. Had, profession, or periturben, o | Use had bemarlage 8-17-37 |
| work was done, es SILK MILL Gerketenery long | |
| 10. Date deceased last worked at this occupation month and 3 year) | |
| | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 13. NAME / Roseas Wieghtson | will your 2 949; |
| 13. NAME Kouras Wightson 14. BIRTHPLACE (city or town) | Nama of operation 240 Date of |
| (State or country) | What test confirmed diegnosis? Was there an eutopsy? |
| 15. MAIOEN NAME Kufbuour | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?Oate of Injury19 |
| X (State or country) | Where did Injury occur? |
| 17. INFORMANT To best 1. Wrightigue f | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL | Manner of Injury |
| Place | Neture of Injury Model |
| 19. UNDERTAKER M. James C. Jence (Address), Caston | 24. Was disease or injury In any way related to occupation of deceased? |
| 20. FILED 9/15-, 19-57 774. Merry Registrar. | (Signed) M. O. (Address) M. O. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
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| Chronie interstitial nephritis - = V E D | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| OCT 6 1937 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | · | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |